

UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF MISSOURI

In Re	)	
	)	Case No. 15-47146-399
Jennifer Hefley,	)	
	)	Chapter 7
Debtor(s).	)	

**MEMORANDUM – AMENDMENT TO SCHEDULES**

COMES NOW Jennifer P. Alter, as counsel for above named Debtor, and states that the bankruptcy schedules should be amended as follows:

Add the following creditor to Schedule F:

<u>Creditor Name &amp; Address</u>	<u>Date of Debt/Reason</u>	<u>Amount of Claim</u>
Lakewood Apartments 1516 Lakewood Landing Imperial, MO 63052	2015/rent – broken lease	\$1,300.00

Respectfully submitted,

BRINKMAN & ALTER, LLC

/s/ Jennifer P. Alter  
Jennifer P. Alter, #58814  
1 North Taylor  
Saint Louis, MO 63108  
(314) 932-1067  
(314) 596-4331 Facsimile  
jalter@brinkmanandalter.com

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a true and correct copy of the foregoing was mailed, via first class mail, postage prepaid, or sent through the Court's ECF system, this 9th day of June, 2016, to:

Mary Lopinot, Chapter 7 Trustee – via ECF only

and to the creditor(s) listed above.

The undersigned further certifies that the last issued notice of commencement of case with deadlines was also mailed to each of the newly added creditor(s).

/s/ Jennifer P. Alter

UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF MISSOURI

In re:  
Jennifer Hefley

Debtor(s) Case No. 15-47146  
Chapter 7

**NOTICE OF AMENDMENT TO SCHEDULES AND/OR MATRIX TO ADD CREDITOR(S)**

To: Creditor(s) listed below:

*Lakewood Apartments  
1516 Lakewood Landing  
Imperial, MO 63052*

**1. X Amended Schedules**

**X Amended Creditor Matrix and Verification of Matrix**

You are hereby notified that the above Debtor(s) filed Amended Schedules and/or Matrix and added you as a creditor in this case. The following documents are attached for you. *(Check all that are attached)*

X A copy of the most recently filed Schedule listing you as a creditor;

X A copy of the original Order and Notice of Chapter 7 Bankruptcy Case, Meeting of Creditors & Deadlines showing the debtor=s full social security number;

\_\_\_ A copy of any order or notice that set a deadline by which proofs of claim are or were to be filed along with a proof of claim form, if applicable.

**2. Claims.** You are further notified that: *(Check one option)*

X This is a no-asset case. It is unnecessary to file a claim now. If it is determined there are assets to distribute, creditors will receive a notice setting a deadline to file claims.

\_\_\_ This is an asset case. You may file a proof of claim by the deadline specified in the order or notice that set a deadline by which proofs of claim are or were to be filed, or within 30 days of the date of service of this notice, whichever is later.

**3. Discharge.** You are further notified that you may file a complaint to determine dischargeability pursuant to 11 U.S.C. ' 523(c) or to object to discharge pursuant to 11 U.S.C. ' 727(c) not later than sixty (60) days after the date on the certificate of service of this notice, or within the time originally set for filing such a complaint, whichever is later.

Date: 6/9/2016

/s/ Jennifer P. Alter  
Jennifer P. Alter, #58814  
1 North Taylor  
Saint Louis, MO 63108  
(314) 932-1067 MAIN  
(314) 596-4331 FAX  
jalter@brinkmanandalter.com

**Certificate of Service**

I, Jennifer Alter, certify the above Notice and a copy of the designated documents were served on the listed creditors(s) by first-class, postage prepaid mail, on this 9th day of June, 2016.

*/s/ Jennifer P. Alter*

Fill in this information to identify your case:

Debtor 1 **Jennifer Hefley**  
 First Name Middle Name Last Name

Debtor 2  
 (Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **EASTERN DISTRICT OF MISSOURI**

Case number **15-47146**  
 (if known)

☒ Check if this is an amended filing

## Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

## Part 1: Summarize Your Assets

**Your assets**  
 Value of what you own

1. **Schedule A/B: Property** (Official Form 106A/B)
- 1a. Copy line 55, Total real estate, from Schedule A/B..... \$ **0.00**
- 1b. Copy line 62, Total personal property, from Schedule A/B..... \$ **6,109.00**
- 1c. Copy line 63, Total of all property on Schedule A/B..... \$ **6,109.00**

## Part 2: Summarize Your Liabilities

**Your liabilities**  
 Amount you owe

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 106D)
- 2a. Copy the total you listed in Column A, *Amount of claim*, at the bottom of the last page of Part 1 of Schedule D... \$ **5,439.00**
3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 106E/F)
- 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F..... \$ **5,987.41**
- 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F..... \$ **76,439.50**

**Your total liabilities** \$ **87,865.91**

## Part 3: Summarize Your Income and Expenses

4. **Schedule I: Your Income** (Official Form 106I)
- Copy your combined monthly income from line 12 of Schedule I..... \$ **767.80**
5. **Schedule J: Your Expenses** (Official Form 106J)
- Copy your monthly expenses from line 22c of Schedule J..... \$ **1,418.00**

## Part 4: Answer These Questions for Administrative and Statistical Records

6. **Are you filing for bankruptcy under Chapters 7, 11, or 13?**
- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes
7. **What kind of debt do you have?**
- ☒ **Your debts are primarily consumer debts.** Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 Jennifer HefleyPg 5 of 12 Case number (if known) 15-47146

8. From the **Statement of Your Current Monthly Income**: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ <u>2,544.57</u>
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9. Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:

From Part 4 on *Schedule E/F*, copy the following:

Total claim
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9a. Domestic support obligations (Copy line 6a.)	\$ <u>5,819.41</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <u>168.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <u>0.00</u>
9d. Student loans. (Copy line 6f.)	\$ <u>64,175.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <u>0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <u>0.00</u>
9g. <b>Total.</b> Add lines 9a through 9f.	\$ <u>70,162.41</u>

Fill in this information to identify your case:

Debtor 1 **Jennifer Hefley**  
 First Name Middle Name Last Name

Debtor 2  
 (Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **EASTERN DISTRICT OF MISSOURI**

Case number **15-47146**  
 (if known)

☒ Check if this is an amended filing

## Official Form 106E/F

## Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

## Part 1: List All of Your PRIORITY Unsecured Claims

## 1. Do any creditors have priority unsecured claims against you?

☐ No. Go to Part 2.

☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount	
2.1	<b>Jennifer R. Piper</b> Priority Creditor's Name <b>2016 South Big Bend Boulevard</b> <b>Saint Louis, MO 63117</b> Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>3199</b> When was the debt incurred? <b>2009</b> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input checked="" type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify <b>Guardian Ad Litem</b>	<b>\$2,192.41</b>	<b>\$2,192.41</b>	<b>\$0.00</b>

## Part 2: List All of Your NONPRIORITY Unsecured Claims

## 3. Do any creditors have nonpriority unsecured claims against you?

☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.

☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

Debtor 1 **Jennifer Hefley**

Pg 7 of 12

Case number (if know)

**15-47146**

4.1

**At&t Mobility**

Nonpriority Creditor's Name

**PO Box 536216****Atlanta, GA 30353**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **7160****\$500.00**When was the debt incurred? **2015**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Cell Phone**

4.2

**Club Fitness**

Nonpriority Creditor's Name

**2218 Michigan Ave.****Arnold, MO 63010**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number

**\$300.00**When was the debt incurred? **2015**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Membership**

4.3

**Lakewood Apartments**

Nonpriority Creditor's Name

**1516 Lakewood Landing****Imperial, MO 63052**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number

**\$1,300.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Rent/Broken Lease**

Debtor 1 **Jennifer Hefley**

Pg 8 of 12

Case number (if know)

**15-47146**

4.4	<b>Schumacher Group</b> Nonpriority Creditor's Name <b>165 Caprice</b> <b>Unit 3</b> <b>Castle Rock, CO 80109</b> Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>8862</b> When was the debt incurred? <b>2015</b> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	<b>\$607.00</b>
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4.5	<b>Six Flags</b> Nonpriority Creditor's Name <b>4900 Six Flags Rd.</b> <b>Eureka, MO 63025</b> Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? <b>2014</b> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Membership</b>	<b>\$300.00</b>
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4.6	<b>SSM Health</b> Nonpriority Creditor's Name <b>PO Box 505157</b> <b>Saint Louis, MO 63150</b> Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>0096</b> When was the debt incurred? <b>2015</b> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical</b>	<b>\$600.00</b>
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Debtor 1 **Jennifer Hefley**

Pg 9 of 12

Case number (if know)

**15-47146**

4.7

**Xist Fitness**

Nonpriority Creditor's Name

**3823 Vogel Rd.****Arnold, MO 63010**

Number Street City State Zip Code

Who Incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check If this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number

**\$300.00**

When was the debt incurred?

**2014**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Membership****Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		Total Claim	
Total claims from Part 1	6a. Domestic support obligations	6a. \$	<b>2,192.41</b>
	6b. Taxes and certain other debts you owe the government	6b. \$	<b>0.00</b>
	6c. Claims for death or personal injury while you were intoxicated	6c. \$	<b>0.00</b>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. \$	<b>0.00</b>
	6e. Total Priority. Add lines 6a through 6d.	6e. \$	<b>2,192.41</b>
		Total Claim	
Total claims from Part 2	6f. Student loans	6f. \$	<b>0.00</b>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$	<b>0.00</b>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$	<b>0.00</b>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. \$	<b>3,907.00</b>
	6j. Total Nonpriority. Add lines 6f through 6i.	6j. \$	<b>3,907.00</b>

Fill in this information to identify your case:

Debtor 1 Jennifer Hefley  
First Name Middle Name Last Name

Debtor 2  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: EASTERN DISTRICT OF MISSOURI

Case number 15-47146  
(if known)

☐ Check if this is an amended filing

Official Form 106Dec

## Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Jennifer Hefley  
Jennifer Hefley  
Signature of Debtor 1

X \_\_\_\_\_  
Signature of Debtor 2

Date June 9, 2016

Date \_\_\_\_\_

**United States Bankruptcy Court**  
**Eastern District of Missouri**

In re	<u>Jennifer Hefley</u>	Case No.	<u>15-47146</u>
	Debtor(s)	Chapter	<u>7</u>

**VERIFICATION OF CREDITOR MATRIX - AMENDED**

The above named debtor(s) hereby certifies/certify under penalty of perjury that the attached list containing the names and addresses of my creditors (Matrix), consisting of 1 page(s) and is true, correct and complete.

/s/ Jennifer Hefley  
Jennifer Hefley  
Debtor

Dated: June 9, 2016

At&t Mobility  
PO Box 536216  
Atlanta, GA 30353

Club Fitness  
2218 Michigan Ave.  
Arnold, MO 63010

Jennifer R. Piper  
2016 South Big Bend Boulevard  
Saint Louis, MO 63117

Lakewood Apartments  
1516 Lakewood Landing  
Imperial, MO 63052

Schumacher Group  
165 Caprice  
Unit 3  
Castle Rock, CO 80109

Six Flags  
4900 Six Flags Rd.  
Eureka, MO 63025

SSM Health  
PO Box 505157  
Saint Louis, MO 63150

Xist Fitness  
3823 Vogel Rd.  
Arnold, MO 63010